

**Purchasing Department- Georgia State University**  
**Substitute Form W-9 - Taxpayer Identification Number and Certification**

**No payment will be released until this form is completed and returned.**

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to federal income tax backup withholding. Use this form only if you are a **U.S. person** (including U.S. Resident alien).

❖ PLEASE PRINT OR TYPE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business name, if different from above

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code Contact name

Phone: (\_\_\_\_) - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_

**Part II Taxpayer Identification Number (TIN)**

LEGAL STATUS: Check (1) only.

- |   |   |
|---|---|
| <input type="checkbox"/> Individual/Sole proprietor | <input type="checkbox"/> Trust or Estate                                      |
| <input type="checkbox"/> Corporation                | <input type="checkbox"/> Government Entity                                    |
| <input type="checkbox"/> Partnership                | <input type="checkbox"/> Educational  |
| <input type="checkbox"/> Minority _____             | <input type="checkbox"/> Tax-Exempt or Not-for-Profit (section 501 (C) 3) IRC |
- Exempt from backup withholding

**Employer Identification Number (EIN):** \_\_\_\_\_ - \_\_\_\_\_

**Social Security Number (SSN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(For Individuals and Sole Proprietorship)

**Legal Name of Entity that appears on your Federal Tax Return** (This should correspond with the EIN or SSN provided above)

**Part III Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien), **and**
4. By signing this form, vendor certifies that he/she is not an employee of Georgia State University, or that any employee of Georgia State University has a substantial interest in the vendor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please return the completed form via fax **(404) 413.3165** or US mail to Georgia State University, Purchasing Department, PO BOX 4016, Atlanta, GA 30303